



COMMONWEALTH OF MASSACHUSETTS  
**Department of Revenue**

## Out of State Contractors REGISTRATION

**Mail to:**

Massachusetts Department of  
Revenue  
Bureau of Desk Audit  
200 Arlington Street, Room  
4300  
Chelsea, MA 02150  
Attn: Out of State Contractors  
Unit

**ALL CONTRACTORS AND SUBCONTRACTORS MUST COMPLETE THIS FORM  
BEFORE COMMENCEMENT OF THE CONTRACT**

**1. LEGAL NAME:**

**2. LEGAL ADDRESS:**

**MAILING ADDRESS(IF DIFFERENT)**

STREET:

STREET:

CITY:

CITY:

STATE:

ZIP CODE:

STATE:

ZIP CO

DE:

**3. TELEPHONE :**

**FAX:**

**4. CONTACT:**

**TITLE:**

**5. FEDERAL IDENTIFICATION NUMBER:**

## CONTRACT INFORMATION

**CHECK ONE :**    **GENERAL CONTRACTOR**

**SUBCONTRACTOR**

**6. NAME OF PRINCIPAL**

(PARTY WHO COMMISSIONED CONSTRUCTION)

ADDRESS:

**7. PROJECT NAME**

**8. PROJECT ADDRESS**

**9. GENERAL :**

(IF YOU ARE SUB.)

**10. ADDRESS OF GENERAL:**

**11. COMMENCEMENT DATE OF CONTRACT:**

**12. EXPECTED COMPLETION DATE:**

13. SCOPE OF THE WORK TO BE PERFORMED: (If more space is needed, please use attachment)

14. CONTRACT PRICE:

15. TYPE OF CONTRACT: MATERIAL LABOR ONLY<sup>1</sup> EXEMPT<sup>2</sup>

1 LABOR ONLY CONTRACTS MUST PROVIDE A COPY OF THE SCOPE OF THE WORK FROM ACTUAL CONTRACT

2 EXEMPT CONTRACTS MUST SUBMIT A COPY OF **ST-2** CERTIFICATE AND A COMPLETED **ST- 5C** WITH REGISTRATION

## BOND / SURETY INFORMATION

DEPOSIT OR BOND MUST BE SUPPLIED IN THE AMOUNT OF **5% OF THE TOTAL CONTRACT AMOUNT** UNLESS :

- THE CONTRACT IS **LABOR ONLY**
- THE CONTRACT IS **EXEMPT**

16. CHECK ONE : **BOND** SUPPLIED CERTIFIED CHECK

CONTRACT PRICE

X 5 %  
=

**NOTE:** BONDS MUST REMAIN IN FORCE UNTIL THE COMPLETION OF THE JOB AND UNTIL ALL TAX RETURNS ARE FILED FOR THE CONTRACT. IT IS RECOMMENDED THAT THIS BE SIX MONTHS AFTER THE EXPECTED COMPLETION DATE OF THE CONTRACT.

REGISTERED VENDOR ID NUMBER

OFFICE USE: VERIFIED : DATE: BY:

### CERTIFICATION

I HEREBY CERTIFY THAT THE STATEMENTS MADE HERE HAVE BEEN EXAMINED BY ME, AND ARE, TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE AND CORRECT:

SIGNATURE TITLE DATE

PLEASE SUBMIT COMPLETED REGISTRATION AND REQUIRED FORMS AND INFORMATION TO :

**MASSACHUSETTS DEPARTMENT OF REVENUE,  
BUREAU OF DESK AUDIT, OUT OF STATE CONTRACTORS UNIT,  
200 ARLINGTON STREET, ROOM 4300,  
CHELSEA MA 02150**

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